8			EXPRESS MA	IL NO. EV447226820	0U:
	TITION FOR EXTENSION OF TIME UNDI	Doci 8516	Docket Number 851663.432USPC		
	FY 2005 Fees pursuant to the Consolidated Appropriation				
	lication Number 09/980,443		Filed August 8, 2002		
For	ADAPTIVE MOTION ESTIMATOR				
Art l 2613			Examiner Jeremiah C. Huber		
	his is a request under the provisions of 37 CF eply in the above identified application.	R 1.136(a) to exte	end the period for	filing a	
	he requested extension and fee are as follows ee below):	s (check time perio	od desired and e	nter the appropriate	;
		<u>Fee</u>	Small Entity I	ee	
	☑ One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ <u>120</u>	
	Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$	
	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$	
	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	
	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$	
	Applicant claims small entity status. See 37	CFR 1.27.			
X	A check in the amount of the fee is enclosed	i.			
	Payment by credit card. Form PTO-2038 is	attached.			
	The Director has already been authorized to application to a Deposit Account.	charge fees in th	is		
	The Director is hereby authorized to charge	any fees which m	ay be required		
	or credit any overpayment, to Deposit Acc	ount Number 19-	<u>1090</u> . I have end	closed a	
	duplicate copy of this sheet.				
	WARNING: Information on this form may becons included on this form. Provide credit card info				

I am the \prod applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

x attorney or agent of record. Registration No. 33,514

attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34. _____.

	February 6, 2006			
Signature	Date			
Robert lannucci	206-622-4900			
Typed or printed name	Telephone Number			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Fees pursuant to the C	anaslidated Assa	nariotiano Ant. 200	DE /U.D. 4040\		Co	mplete if Kn	own	
Peas pursuant to the C	Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).			Application Number 09/980,443				
ِ FEE ُ	FEE TRANSMITTAL			Filing Date		August 8, 2002		
ربر 2006	for FY 2006				First Named Inventor		Hong Lye Oh	
				Examiner I	Name	Jeremiah C	. Huber	
Applicant claims s			CFR 1.27	Art Unit		2613		
TOTAL AMOUNT O				Attorney D	ocket No.	851663.432	2USPC	
METHOD OF PAYM	ENT (check a	II that apply)						
1 = -	dit Card] Money Orde	r 📗 Other	(please identi	• •			
Deposit Account	•	Account Numb		•			Group PLLC	
For the above-io	•	-	_	_ *	•			
= -	e(s) indicated l			= -			ept for the filing fe	
		e(s) or underp	payments [✓ Charge an	y underpayr	nents or cred	it any overpayment	
of fee(s) ur Warning: Information information and authori		y become public	c. Credit card in	formation shou	ıld not be incl	uded on this for	rm. Provide credit car	
FEE CALCULATION	(All the fees	s below are d	ue upon filing	or may be s	subject to a	surcharge.)		
1. BASIC FILING, S	EARCH, ANI	DEXAMINATI	ON FEES					
	FILING	FEES	SEARC	H FEES	—	IINATION EES		
		Small Entit	У	Small Entit	t y	Small Entity		
Application Type	<u>Fee (\$)</u>	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fees Paid (\$	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM Fee Description						:	Small Er Fee (\$) Fee (\$	
Each claim over 20 (ir	cluding Reissi	ues)					50 25	
Each independent cla	im over 3 (incl	uding Reissues	s)				200 100	
Multiple dependent cla	aims						360 180	
Total Claims	Extra Cla	<u>aims</u> <u>F</u>	Fee (\$)	Fee Paid	l (\$)	<u>Multiple</u>	e Dependent Clain	
19 -20 or HP	= <u>0</u>	×	=		=	Fee (\$)	Fee Paid (\$	
HP = highest number	r of total claim	ns paid for, if g	reater than 20					
Indep. Claims	Extra Cla	<u>aims</u> <u>F</u>	- ee (\$)	Fee Paid	(\$)			
<u>4</u> -3 or HP :	= <u>0</u>	×	=		_			
HP = highest number	r of independe	ent claims paid	for, if greater	than 3				
3. APPLICATION S	ZE FEE							
If the specification ar under 37 CFR 1.52(e thereof. See 35 U.S.	e)) the applica	tion size fee d	ue is \$250 (\$1					
<u>Total Sheets</u> 100 =	Extra Shee		ber of each a			<u>thereof</u> Fe	ee (\$) Fee Paid	
4. OTHER FEE(S)	 				,		Fees Paid	
Non-English Specific	ation. \$130 fe	e (no small en	ntity discount)					
Other (e.g., late filing		•	•	\			120	
ouror (org., rate ming	oururiargo).	T WOTH LA	ONOION OF THE	<u> </u>			120	
SUBMITTED BY						· · · · · · · · · · · · · · · · · · ·		
			Regio	stration No.	T			
Signature				mey/Agent)	33,514	Telephone	206-622-4900	
Name (Print/Type)	Robert lannı	ıcci				Date	February 6, 2006	